PART B - FEE(S) TRANSMITTAL OTRE Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 DEC 0 4 2007 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885 INSTRUCTIONS: This Note should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence in thing the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below the transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence in the patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 24998 09/04/2007 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. DICKSTEIN SHAPIRO LLP **1825 EYE STREET NW** Washington, DC 20006-5403 (Depositor's name) (Signature (Date APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/649 901 08/28/2003 Hirobumi Nishida R 2 184 0260/P260 5611 TITLE OF INVENTION: IMAGE PROCESSING DEVICE ESTIMATING BLACK CHARACTER COLOR AND GROUND COLOR ACCORDING TO CHARACTER-AREA PIXELS CLASSIFIED INTO TWO CLASSES **PUBLICATION FEE DUE** APPLN. TYPE **SMALL ENTITY** ISSUE FEE DUE PREV. PAID ISSUE FEE **TOTAL FEE(S) DUE** DATE DUE \$300 nonprovisional NO \$1400 \$0 \$1700 12/04/2007 **CLASS-SUBCLASS EXAMINER** ART UNIT KASSA, YOSEF 2624 382-274000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Dickstein ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Shapiro LLP "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 3 Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment 2/05/2007 AUDIDAF2 COUNTRY)

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) 01 FC:1501 1440.00 OP Tokyo, Japan @2 FC:8001 3.00 CP Ricoh Company, Ltd. 03 FC:1504 300.00 DP Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 😡 Corporation or other private group entity 🔘 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required (cc(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-107 denclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. 12/4/07 Authorized Signature

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/649,901-Conf. #5611		
FEE TRANSMITTAL						August 28, 200		
For FY 2008						Hirobumi Nishi	<u>da</u>	
				Examiner Name Y. Kassa				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2625					
TOTAL AMOUNT OF PAYMENT		(\$) 1,743.00		Attorney Docket No.		R2184.0260/P260		
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULAT	ION	1.1 1.1/1.1.					·	
1. BASIC FILING, S	EARCH, AND E	XAMINATION FEE	ES				-	
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Application Type	Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65	*****	
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310	•	
Provisional	210	105	0	0	020	0		
		103	v	U	U	U		Small Entity
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)								
Each claim over 20 (including Reissues) 50								25
Each independent cl				200	100			
Multiple dependent	-	,					360	180
Total Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)		ultiple Depende		
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Indep. Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)	•			-
-3= x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheet			idditional 50 or fra		f Fee (\$)	Fee P	aid (\$)
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4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Spe	cification, \$13	o fee (no small ent	tity disc	ount)				
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1504 Publication fee for early, voluntary, or normal 8001 Printed copy of patent w/o color								0.00 00
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	rk   Thronon	/ Anthony M. D		y/Agent) 33,062 / 33,062 Telephone (202) 420-4742				
Name (Print/Type) Ma	uk J. INTONSON	/ Anthony M. Br	iggs, J	ſ,		Date [	December 4	4, 2007